## BUREAU OF MOTOR VEHICLES MOTORCYCLE SAFETY PROGRAM #29 STATE HOUSE STATION AUGUSTA, MAINE 04333-0029

Telephone: (207) 624-9156 Fax: (207) 624-9158 Email: Driver.Education@maine.gov

## MOTORCYCLE SAFETY EDUCATION CLASS COMPLETION REPORT

ATTACHED TO THIS REPORT IS A LIST OF THE FULL NAMES, LEGAL RESIDENCES, BIRTH DATES, COURSE COMPLETION CERTIFICATE NUMBERS FOR ALL STUDENTS COMPLETING THIS COURSE IN MOTORYCLE SAFETY EDUCATION. THIS FORM MUST BE MAILED TO THE BUREAU OF MOTOR VEHICLES AT THE ABOVE ADDRESS WITHIN 7 DAYS OF COMPLETION OF THE COURSE.

## PLEASE PRINT OR TYPE THIS REPORT

1 School Name					
2. Actual School Location					
	(Street)				
(City/Town)	(State)	(Zip Code)			
Telephone#	School Lic	School License#			
3. Instructor Name(s)					
4. Class Start-up Date					
5. Course Ending Date					
6. Number of Students Completing	g Course: MMSEC	_BRCTotal			
I CERTIFY THAT EACH STUDENT SAFETY EDUCATION COURSE AS					
UNDERSTAND THAT KNOWINGL					
IS A CLASS D CRIME AND THAT A SUSPENSION OR REVOCATION O					
LICENSEE'S SIGNATURE		DATE			

## **CLASS ROSTER AND RECORD OF INSTRUCTION**

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